

## PART B - FEE(S) TRANSMITTAL

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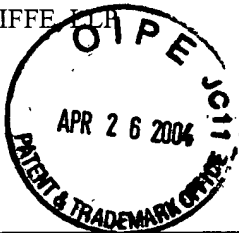
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34313 7590 03/17/2004

ORRICK, HERRINGTON & SUTCLIFFE LLP  
4 PARK PLAZA  
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IRVINE, CA 92614-2558



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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                     |                    |
|---------------------|--------------------|
| Lynne Fulmer        | (Depositor's name) |
| <i>Lynne Fulmer</i> | (Signature)        |
| April 23, 2004      | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/738,431      | 12/14/2000  | Richard S. Ginn      | 258/2999            | 1012             |

TITLE OF INVENTION: DEVICES FOR SEALING OPENINGS THROUGH TISSUE AND APPARATUS AND METHODS FOR DELIVERING THEM

| APPLN. TYPE    | SMALL ENTITY      | ISSUE FEE            | PUBLICATION FEE | TOTAL FEE(S) DUE     | DATE DUE   |
|----------------|-------------------|----------------------|-----------------|----------------------|------------|
| nonprovisional | YES <del>NO</del> | \$665 <del>XXX</del> | \$300           | \$965 <del>XXX</del> | 06/17/2004 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| NERBUN, PETER P | 3765     | 606-213000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Orrick, Herrington & S  
1. Sutcliffe LLP  
2. James W. Geriak  
3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Core Medical, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 3

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 150665 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Lynne Fulmer* April 23, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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04/27/2004 SHINASS2 00000111 150665 09738431

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